

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address LABEL HOUSE 9852 DUPREE ST., SO EL MONTE, CA 91733		CAD 980 814 321			A. State Manifest Document Number 88684660
4. Generator's Phone (818) 444-7755					B. State Generator's ID
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		6. US EPA ID Number CAD 042 245 001		C. State Transporter's ID 110 237	D. Transporter's Phone 213 698-0991
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	F. Transporter's Phone
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602		10. US EPA ID Number CAD 042 245 001		G. State Facility's ID CAD 042 245 001	H. Facility's Phone 213 698-0991
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT)		12. Containers No. Type 005 DM 001/50 G	13. Total Quantity	14. Unit Wt/Vol	I. Waste No. State 211,212 EPA/Other F001, F003
b.					State
c.					EPA/Other
d.					State
					EPA/Other
J. Additional Descriptions for Materials Listed Above A) FOR RECYCLE		K. Handling Codes for Wastes Listed Above a. 01. b. c. d.			
15. Special Handling Instructions and Additional Information PROFILE NUMBER B 10045					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name NICK L. BURVUP		Signature 		Month Day Year 03/14/91	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT J. CRINGONI		Signature 		Month Day Year 03/14/91	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name N. JAY SOLOMON					
Signature 		Month Day Year 03/14/91			

88684660 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY